

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600434

FILED
Feb 13, 2012
Secretary of State

Entity Name: JOSE C. DOMINGUEZ M.D., P.A.

Current Principal Place of Business:

4600 NORTH HABANA AVE
SUITE 20
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4600 NORTH HABANA AVE
SUITE 20
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1217490 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOMINGUEZ, JOSE C. M.D.
4600 NORT HABANA AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DOMINGUEZ, JOSE C
Address: 4600 N HABANA AVE
City-St-Zip: TAMPA, FL

Title: D
Name: FERNANDEZ, ANTHONY
Address: 4600 N HABANA AVE
City-St-Zip: TAMPA, FL

Title: MD
Name: DOMINGUEZ, JOSE JR
Address: 4600 N. HABAVA AVE
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE DOMINGUEZ

VP

02/13/2012

Electronic Signature of Signing Officer or Director

Date